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ABSTRACT

Based on presentations given at a 1989 conference, this booklet offers a literature-based perspective on systematic screening procedures and functional assessment procedures to facilitate services to students with emotional and behavioral disorders. The following topics are addressed: assessment decisions (in the areas of classification, evaluation of progress, and instructional planning); eligibility (screening, prereferral, and certification); use of appropriate definitions that lead to intervention strategies; description of problem behaviors using a school-based or educational model; analyzing relationships between specific behaviors and their settings; functional assessment; attitudes and the impact of labeling; systematic screening; the multidisciplinary team; identification practices focusing on observable behavior; instructional decisions based on assessment; a model for curriculum-based assessment; curriculum-based assessment and social behaviors; and identifying critical behaviors. (Includes 70 references.) (DB)

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BEHAVIORALLY DISORDERED?

Assessment for Identification and Instruction

Bob Algozzine, Kathy Ruhl, and Roberta Ramsey

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Assessment for Identification and Instruction

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A Product of the ERIC Clearinghouse on Handicapped and Gifted Children

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Foreword

Working with Behavioral Disorders
CEC Mini-Library

One of the greatest underserved populations in the schools today is students who have severe emotional and behavioral problems. These students present classroom teachers and other school personnel with the challenges of involving them effectively in the learning process and facilitating their social and emotional development.

The editors have coordinated a series of publications that address a number of critical issues facing service providers in planning and implementing more appropriate programs for children and youth with severe emotional and behavioral problems. There are nine booklets in this Mini-Library series, each one designed for a specific purpose.

- *Teaching Students with Behavioral Disorders: Basic Questions and Answers* addresses questions that classroom teachers commonly ask about instructional issues, classroom management, teacher collaboration, and assessment and identification of students with emotional and behavioral disorders.
- *Conduct Disorders and Social Maladjustments: Policies, Politics, and Programming* examines the issues associated with providing services to students who exhibit externalizing or acting-out behaviors in the schools.
- *Behaviorally Disordered? Assessment for Identification and Instruction* discusses systematic screening procedures and the need for functional assessment procedures that will facilitate provision of services to students with emotional and behavioral disorders.

- *Preparing to Integrate Students with Behavioral Disorders* provides guidelines to assist in the integration of students into mainstream settings and the delivery of appropriate instructional services to these students.
- *Teaching Young Children with Behavioral Disorders* highlights the applications of Public Law 99-457 for young children with special needs and delineates a variety of interventions that focus on both young children and their families.
- *Reducing Undesirable Behaviors* provides procedures to reduce undesirable behavior in the schools and lists specific recommendations for using these procedures.
- *Social Skills for Students with Autism* presents information on using a variety of effective strategies for teaching social skills to children and youth with autism.
- *Special Education in Juvenile Corrections* highlights the fact that a large percentage of youth incarcerated in juvenile correctional facilities has special learning, social, and emotional needs. Numerous practical suggestions are delineated for providing meaningful special education services in these settings.
- *Moving On: Transitions for Youth with Behavioral Disorders* presents practical approaches to working with students in vocational settings and provides examples of successful programs and activities.

We believe that this Mini-Library series will be of great benefit to those endeavoring to develop new programs or enhance existing programs for students with emotional and behavioral disorders.

Lyndal M. Bullock
Robert B. Rutherford, Jr.

Preface

On September 24–26, 1989, members of The Council for Exceptional Children's Council for Children with Behavioral Disorders and others concerned with finding answers for the decade ahead met in Charlotte, North Carolina, to discuss issues central to providing services to students with behavior problems. As part of that Topical Conference, Frank Wood, Vicki Phillips, Hill Walker, Larry Maheady, Greg Harper, M. Katherine Sacca, Russ Skiba, David Test, and Nancy Cooke provided formal presentations on the latest thinking about assessment as it relates to screening, identification, instructional planning, and evaluation of programs for students with behavioral disorders. We have prepared this monograph based on information from these presentations in the hope that it will provide assistance to professionals currently faced with making decisions about children and youth with behavioral disorders.

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Introduction

As part of his closing keynote address at the Topical Conference on Behavioral Disorders, Nicholas Long showed a videotape of a student. In response to a teacher request that he complete a simple one-page worksheet, the boy produced several minutes of loud, abusive verbal defiance. The response from the audience of practicing professionals was to laugh and joke—evidence that they recognized one of their own. There was a sense of excitement in the challenge presented by the student, and the response of the audience reflected a camaraderie and colleagiality shared by "those in the know." It is not hard to imagine how other groups would have responded to the same vignette. Regular teachers probably would have seen it as clear evidence of the need for special education and related services. Teachers of students with learning disabilities might have seen it as affirmation of why they like their jobs (i.e., students with such severe behavioral repertoires are seldom seen in LD classes).

Clearly, behavior problems are in the eye of the beholder, and deciding what to do about them is not unlike other tasks faced by every teacher on a daily basis. Teaching is a decision-making process, and assessment is one activity that is central to it. Students who exhibit problem behaviors—whether they are called *emotionally disturbed, emotionally handicapped, behaviorally disordered, disturbed, deviant,* or *defiant*—are difficult to teach. This book is about assessment practices that relate to these students.

1. Assessment Decisions

Assessment information is used to make decisions about classification, evaluation of progress, and instructional planning.

There are two major purposes for assessment relating to behavioral disorders: to determine eligibility and to plan treatment programs (Kaufmann, 1989; Tucker, 1985). Evaluation for eligibility is done by a multidisciplinary team that typically includes the referring teacher, a special education teacher, a school psychologist, and other specialists who have observed the student from specific perspectives. Tests center on the question "Does this student meet criteria for special education services?" Information and data gained from initial evaluation for eligibility and classification should be useful in developing instructional programs and management strategies. Evaluation for programming focuses on the individual's academic and behavioral strengths and weaknesses as they are manifested in the school environment.

According to Kauffman (1989), the following assessment tools and procedures should be included when evaluating students referred for behavior disorders: standardized tests of intelligence and achievement, behavior ratings, assessment of peer relations, interviews, self-reports, direct observations, curriculum-based assessment (CBA), and, in some cases, psychophysiological measures.

The Teacher's Role

The teacher is the critical point of contact between the student and the education system. The most important decisions teachers make are those that help to determine what to teach and how to teach it. But teachers also participate in making referral, classification, and placement decisions about both successful students and those who are having problems in school. During and after instruction, teachers evaluate the progress of their students and the overall effectiveness of what they have done.

When assessment information is used to make screening or referral decisions, global measurement of strengths and weaknesses is considered sufficient. At this level of decision making, teachers are interested in sorting individuals generally, and broad descriptive indicators of success or failure on general measures are appropriate. For example, when screening students for vision problems, obtaining performance on six or seven recognition-type items is sufficient. Similarly, broad indicators of developmental milestones (e.g., age for walking,

talking, and toilet training) would be a sufficient basis for making judgments about individuals in need of further assessment.

When screening for achievement, performance on a dozen arithmetic items measuring addition, subtraction, multiplication, and division skills might be sufficient. Since the purpose is to screen and refer students in need of more intensive assessment of targeted information, broad, general samples of performance are sufficient. When evaluating for programming, on the other hand, it is necessary to focus on the individual's academic and behavioral strengths and weaknesses as they are manifested in the school environment; thus, overlap is present.

Classification

When assessment is done for the purpose of making placement or classification decisions, there are predetermined, well-defined criteria that must be met and the assessment data used require more precision and technical adequacy than those used to make screening decisions. For example, students are classified as emotionally disturbed if their scores on accepted tests meet eligibility criteria. Since this decision, once made, places a child, more or less permanently, in an eligibility category, the basis for the decision must be more technically adequate and precise than it would be when trying to decide whether or not a student is "possibly disturbed," as is the case in making screening and referral decisions. When the outcome of the decision is more permanent, the data on which the decision is made are expected to be better.

Evaluation

Teachers are also called upon to make evaluation decisions; sometimes they evaluate an individual student's progress in the classroom instructional program and sometimes they evaluate the effectiveness of particular interventions or the overall instructional program. Teachers use the results of tests, observations, and interviews when evaluating student progress and program effectiveness. They apply scientific principles in making these evaluation decisions; that is, differences in performance while participating in interventions are usually compared with performance obtained during baseline, no-intervention periods of time. Although such treatment and control conditions are considered the ideal when doing evaluations, it is not always possible to arrange them, and teachers sometimes conduct evaluations using students or programs as their own controls.

Instructional Planning

The most important assessment decisions that teachers make are those that focus on instructional planning. Generally, the assessment information used to make screening/referral, classification/placement, and evaluation decisions is not useful for making instructional decisions. For example, two students may receive the same overall score on an achievement test but demonstrate different patterns of performance on the subsets of items within the test. A combination of tests, observations, and interviews can provide useful information for instructional planning decisions. In fact, successful teaching of students exhibiting problem behaviors depends on the effective use of all three of these components.

2. Eligibility

The process of identifying children and youth eligible for special education services occurs in three stages: screening, prereferral, and certification.

Why is one student classified while another is not? David Witcher, a teacher at Batcheler Middle School in Bloomington, Indiana, addressed this question in the August, 1988, issue of the newsletter of The Council for Children with Behavior Disorders. We agree with his comments. It is difficult to decide whether or not a student is emotionally handicapped. For the most part, the standards used in making such decisions are neither universal enough nor specific enough to produce consistent, unquestioned groupings. There are few standards by which to judge the existence of behavioral abnormality.

Normality and abnormality are relative concepts that can be represented as an interaction between a perceiver and some behavior, characteristic, or event under certain conditions. The nature of a condition, its perceived cause, and the environment in which it occurs shape interactions that result in judgments of normality or abnormality. In other words, behavior evokes reactions from others. These reactions vary according to the background and beliefs of individuals perceiving the behavior, the nature of the behavior, and what the individuals perceiving it believe to have caused it.

Finally, contextual or situational factors also create differences in how others perceive people with disabilities (Ysseldyke & Algozzine, 1990). Special education teachers often speak about the difficulties they have in understanding why particular students are in their classes. The dilemma they face illustrates the complexity of the task of deciding whether someone has a behavioral disorder or not; it also illustrates the

fact that what one does or how one is viewed varies considerably from person to person. Therefore, any discussion of eligibility assessment logically involves a statement of who and/or what is being assessed and why. When it comes to behavior problems, the further we move from gathering information for direct use in instruction, the more difficult it becomes to decide who and what is being assessed.

Any professional involved with the education of students who qualify for services under the Public Law 94-142 category of Seriously Emotionally Disturbed is aware that, within the professional literature and across state and local education agencies, a wide range of terms is used to label this population and there is little agreement about the best definition. To enhance clarity of communication, we have chosen to use the term *behaviorally disordered (BD)* throughout this book to denote children and youth signified by any of the many labels in use today. Despite the efforts of many individuals to identify or provide descriptions of characteristics of children and youth qualifying for BD services, few clear-cut behavioral descriptors exist for this population. Consequently, no attempt is made here to describe these students other than to acknowledge that teachers agree that extremes in intensity, frequency, or duration of behavior are cause for concern. We have chosen to follow the practice of using the term *externalizing* to refer to such behaviors as aggression, acting out, or destruction, and *internalizing* to refer to withdrawn, anxious, or immature behaviors. When referring to behavioral characteristics, the term *behavior disorder* has been used to encompass the full range of problem behaviors observable in school-age children and youth and manifested in school settings.

Finally, while debate over definition continues and the importance of definition in the identification process is acknowledged, the ethical necessity of continuing to identify children and youth who need services that are available to them only as a result of their qualification as behaviorally disordered is also recognized. Therefore, we will provide an overview of common issues and concerns related to assessment of students exhibiting problem behaviors in school and discuss alternative educationally relevant options.

The process of identifying children and youth who qualify for BD services occurs in three stages—screening, prereferral, and certification. The purpose of screening is to rule out students who definitely are not eligible for services and to identify youngsters who are suspected of needing additional services so that prereferral efforts can be initiated. In the second stage, students suspected of needing specialized interventions receive some curricular modifications in their regular classrooms during prereferral activities. The effect of these modifications on performance is documented. Students who are suspected of having behavior problems but who respond to alterations in classroom practice receive different subsequent assessments than students for whom the teacher's

efforts are ineffective or insufficient. When prereferral interventions work, subsequent assessment centers on improving instruction and continuing classroom progress. When prereferral interventions are ineffective in reducing classroom problems, subsequent assessment centers on certification.

The purpose of assessment for certification is to determine, through a more intensive set of procedures, that a student does indeed qualify for specialized services, and this evaluation may result in the student being labeled as behaviorally disordered.

3. Use an Appropriate Definition

Use a definition that clearly identifies the problem behaviors and leads to actual intervention strategies.

Administrative definitions such as the one found in the Federal Register, when used as the basis for decision making, are of debatable utility. Although such definitions ensure legal compliance and allocation of funds and/or address general recordkeeping requirements, they rarely include all of the elements that clearly define and identify students with behavior problems or lead to appropriate treatment for them. Because determining eligibility is largely an administrative function, this type of definition often is used as the foundation for identification procedures.

There is substantial variation in the definitions used across states (Cul'inan, Epstein, & Lloyd, 1983; Mack, 1980) and even within states (i.e., across districts) (Phillips, 1989; Wood, 1989). This "flexibility," although sanctioned by the federal government to the extent that definitions used must identify a group of childen equivalent to those identified by P.L. 94-142, may encourage underidentification of students with behavior problems (e.g., Grosenick & Hunze, 1980; Kauffman, 1988; Reitz, 1985; Smith, Wood, & Grimes, 1988). It also permits school personnel to avoid identification of students when it is expedient to do so (Phillips, 1989). Regardless of the intent, the situation makes it possible for a student who should be receiving services to be overlooked and for a student who qualifies for services in one locale to be deemed ineligible for those services after moving into a different state or district.

A good definition of disordered behavior should include the following elements:

- The "disturber" element: What or who is perceived to be the focus of the problem?

- The "problem behavior" element: How is the problem behavior described?
- The "setting" element: In what setting does the problem behavior occur?
- The "disturbed" element: Who regards the behavior as disturbed?
- The "operationalizing" element: Through what operations and by whom is the definition used to differentiate disturbers from nondisturbers or to assess the needs of disturbers?
- The "utility" element: Does the definition when operationalized provide the basis for planning activities that will benefit those labeled such as needs assessment, individual assessment, program evaluation? (Wood, 1979, pp. 7-8)

In addition, Algozzine (1981) has identified the following four operational components as important to include within a definition of BD:

- measurable alternate placements
- measurable behavioral deviation
- measurable behavioral interference, and
- measurable exclusive etiology. (p. 3)

4. Problem Behaviors

Use a school-based or educational model in describing the problem behaviors and the desired outcomes.

Applying nonschool-based models or psychological perspectives to educational decisions may be the single most damaging practice in the field of BD today. Reliance on etiological theories and psychological perspectives of disordered behavior (e.g., psychoanalytic, behavioral, sociological, biophysical) prevents adequate consideration of problem behavior as it occurs in school. This has resulted in misapplication of clinical and/or medical models to nonmedical concerns, resulting in definitions, identification and assessment procedures, and interventions that are woefully ineffective at fulfilling the functions for which they were intended (Skiba, 1989).

One of the more questionable and problematic applications of psychological perspectives to educational decisions has been the use of diagnostic systems developed by and/or for the use of child psychiatrists

or other clinically trained personnel. These systems, such as the *Diagnostic and Statistical Manual III-R* (DSM III-R) of the American Psychiatric Association (1987), primarily employ subjective, clinical judgment by trained professionals to classify individuals by established categories. Revisions to the DSM series have moved progressively toward more precise descriptions of behavior and environment, but they continue to lack sufficient objectivity to enable nonbiased and replicable decisions. The categories, which are supposed to have relevance for psychotherapeutic medication or counseling, often do not relate specifically to problem behavior in schools or to psychoeducational treatment. Areas not generally regarded as mental disorders, such as developmental disorders and learning disabilities, have also been included, resulting in the possibility that children diagnosed as having developmental or learning disorders will be further stigmatized as having a mental disturbance (Rutter & Shaffer, 1980).

Some state boards of education (e.g., California) have attempted to alleviate many of the problems surrounding eligibility for students with behavior problems by linking DSM-III diagnoses with each of the eligibility descriptors in their state definitions. This use of psychiatric diagnoses to determine eligibility for special education has been condemned in the professional literature as a calibration fantasy (i.e., important intellectual or behavioral characteristics can be measured in a manner that determines intervention) (Forness & Kavale, 1987), which is not supported by research (e.g., Barnes & Forness, 1982; Forness & Kavale, 1987; Sinclair, Forness, & Alexson, 1985). Furthermore, many of the instruments and techniques traditionally used for calibration have been deemed unreliable. In short, it has been demonstrated that traditional psychological evaluation and classification procedures are of limited validity in diagnosis for educational purposes.

When psychological perspectives are used to make educational identification decisions, there may be a number of adverse effects on other educational practices (Walker & Fabre, 1987). Essentially, they encourage educators to

- Direct attention to supposed etiological factors that are either child specific or outside the school setting, thus alleviating educators of responsibility for instigating or exacerbating a child's difficulties.
- Pursue causes of maladaptive child behavior in the realm of nonobservable, intrapsychic events instead of analyzing student behavior in the context in which it is determined to be dysfunctional.
- Cease to work toward solving problems as a result of discovering causal factors that are perceived as too deeply imbedded in the personality to respond to intervention.

- Employ indirect interventions (e.g., verbal therapies) to change overt behavior patterns (e.g., aggression, withdrawal).
- Tolerate and even encourage the continued use of projective assessment techniques that have questionable validity for either providing an explanation of the origins of BD or determining appropriate interventions.

To Walker and Fabre's list might be added that, above all, this reliance on noneducational orientations has reduced the role teachers play in making educational decisions. Often this means that decision making is driven not by the people who live with its outcomes but by others who have a less intimate understanding of life in classrooms. Most notably, the decisions are driven by school psychologists. Perhaps, as Forness and Kavale (1987) have suggested, the root of this and other problems in education lies in special education's origins in psychology and the continued dependence on psychological perspectives to guide educational decisions.

5. Problem Settings

Examine the relationships between specific behaviors and the settings in which they occur.

Concentrating only on the individual student's behavior for assessment purposes and excluding environmental variables results in a less than complete picture of an individual learner's needs. It may also lead to misidentification and entice educators to view difficult child behavior in terms of static traits or labels such as *aggressive* or *defiant*. This focus on within-child variables to the exclusion of setting variables is based on the trait approach to deviance traditionally found in schools. Trait theorists (e.g., Eysenck, Easting, & Eysenck, 1970; Graham, Rutter, & George, 1973) view dysfunctional or pathological behavior as being specific to and originating within the individual. This is a medical orientation in which behavioral and emotional disorders are viewed as constant variables or stable phenomena with little variation across settings.

School systems adopting a trait perspective for assessment purposes tend to focus only on the child's behavior and rely upon personality and affective measures, checklists, or rating scales when deciding who is eligible for special programs. Data from these instruments must show some common pattern of deviance across settings (e.g., school, home, and community) in order for a student to be identified as having behavior problems. Decisions are based on the belief that if behavior is not

deviant across settings the student should not be identified as needing BD services regardless of the difficulties occurring in the school setting. This perspective has the potential to keep the number of students with behavior problems fairly low if a district is motivated to do so.

An alternative to the trait approach is the state perspective of behavioral deviance (Goldfried & Kent, 1972; Nelson, Hay, & Hay, 1977). State theorists suggest that the immediate environment controls behavior so that deviance, or lack of it, is highly variable across settings. It is possible for a child to exhibit problem behaviors at school but not at home, or vice versa, as well as in both settings. In fact, children and youth identified under a state approach as having pervasive difficulties would probably also qualify under the different assessment conditions (e.g., objective observations and setting analyses) of trait approaches.

It might be argued that if it is true that a core of the same students would be identified by the assessment procedures from these two divergent schools of thought, this is the population of students with whom educators should be truly concerned, and the trait approach is indeed superior to the state approach. However, sole reliance on a trait approach might result in eliminating some students who would be identified using state approaches. These students will continue to be viewed by teachers as unteachable even though they are experiencing a school-based problem and despite the fact that environmental manipulations such as curricular or management modifications might alleviate some of the deviance.

6. Functional Assessment

Conduct an assessment that has functional value, not one merely designed to obtain a "diagnosis."

Generic information about students obtained from administering traditional assessment devices may provide sufficient data for making administrative decisions, but it rarely is sufficient for programming purposes. In fact, the practice of using normed tests and standards as a basis for making identification decisions largely ignores the growing diversity in U.S. schools. It may result in misidentification of students with behavior problems by failing to place the performance of a student within the total perspective of the demands and conditions of the immediate environment. Despite these drawbacks, identification programs are all too often based on an accumulation of data that have limited applicability and are collected routinely on all referred students (Smith et al.,1988), sometimes to the exclusion of the collection of far more functional information.

The use of norm-referenced tests has a theoretically sound foundation. They are created by collecting data on the academic or behavioral rankings or performance of large numbers of individuals on some task and then establishing standards of acceptability or competency based on this information. The normed instrument can be administered to a student who is theoretically similar (e.g., same race, cultural background, language) to the individuals on whom the test was normed, and analysis of the results can determine how that student compares to these other individuals on the variable of interest. As long as the student being compared is truly similar to the normative group, this should hold true insofar as the test is a valid measure of skills necessary for school success. However, it has been pointed out that the more the individual differs from the normative group the more suspect the data should be and that the technical adequacy of these instruments—given their inherent bias—with diverse groups is questionable (Mercer, 1979). This is an important point in view of the growing numbers of culturally diverse students in U.S. schools. But, as Rosenbach and Mowder (1981) have suggested, it may not be the tests that are a problem but the expectations and performance standards of a culturally constricted educational institution.

An additional concern, discussed by Smith and colleagues (1988), is that sole reliance on normative data does not always discriminate among disabling conditions. Therefore, if a district is using a definition that excludes from services individuals whose behavior problem is the result of some other disabling condition such as a learning disability or mental retardation, use of normed instruments may not serve the purpose for which they are intended: While they may rule out some disabling factors, they cannot reliably discriminate among all disabling conditions.

Normed tests are typically used to collect information on physical status, academic performance, and intelligence, with the goal of excluding students whose behavior is influenced by certain variables. Based on the findings of two preliminary studies (Camarata, Hughes, & Ruhl, 1988; Ruhl, Hughes, & Camarata; 1989), however, it appears that at least one factor that might initially be assessed appropriately through normed measures may not always be considered by school districts. In their studies of the language characteristics of students with mild behavior problems, the investigators discovered that of 68 assessed students with behavior problems from two different school districts 98% had significant language deficiencies. None of these students, however, had previously been identified as needing language intervention. It may be all too common that characteristics that are relevant for placement and intervention decisions are not identified or are overlooked in the assessment process.

7. Attitudes

Be aware that labeling may create negative attitudes and affect teacher expectations.

Although the process of labeling students seems to be grounded more in the need to secure monies for specific populations than in the desire to influence programming decisions, the impact of any given label on programming decisions cannot be ignored. For example, an individual who is responsible for making a decision about placement may be influenced by personal connotations associated with the label qualifying a student for services.

Several early studies (e.g., Badt, 1956; Kingsley, 1967; Parish, Dyck, & Kappes, 1979) demonstrated that educators have a more negative attitude toward students with behavior problems, as a group, than toward students with most other exceptionalities. It has also been shown that teachers have preconceived ideas associated with different labels (e.g., Carroll & Reppucci, 1978; Boucher & Deno, 1979). The biasing effects of these ideas, once transferred to a specific child, remain even after the label has been removed or some conflicting or neutral information about the student has been provided (Algozzine & Ysseldyke, 1983). Algozzine, Mercer, and Countermine (1977) demonstrated that teachers' tolerance for certain inappropriate behaviors depends on the type of problem exhibited. Less appropriate behavior is expected of students with behavior problems. Feldman, Kinnison, Jay, and Harth (1983) identified differential effects on the attitudes of both regular and special educators of the label *emotionally disturbed (ED)* versus the label *behaviorally disordered*. They concluded that the ED label resulted in lower expectations for mainstreaming success and educability. In a somewhat limited related study, Lloyd, Kauffman, and Gansneder (1987) obtained results indicating that BD teachers' placement recommendations were influenced by interactions among type of problem (i.e., internalizing or externalizing), severity of problem (i.e., moderate or severe), and sex of student. Interestingly, the type of problem influenced the type of program to which the child was assigned, with externalizing students being assigned equally to BD or ED programs but internalizing students being assigned more frequently to ED programs.

Finally, while the influence of labels on parents has not been studied as extensively as their influence on teachers, there is some evidence to suggest bias. For example, the results obtained by Stevens-Long (1973) have been interpreted to indicate that parents' recommendations for intervention are less punitive when an overactive or aggressive child is identified as ED than when the child is presented as being nondisabled.

However, despite this apparent leniency, Cohen's (1986) findings suggest that for parents of nondisabled children the label *emotionally disturbed* has more negative connotations than any of the other six labels described. It is possible that these same attitudes would be evident in parents of children suspected of, or already identified as, needing services for students with behavior problems. Given the low ranking parents assigned to the ED label in Cohen's study, it is probable that they are reluctant to either refer their children for services or agree to have them labeled BD in order to receive such services.

Summarizing the findings of over two decades of research may be premature, or failing to acknowledge societal changes over time by including research from previous decades may result in an inaccurate picture of present conditions and influences (e.g., the stigma or lack of stigma associated with particular labels). Yet, taking these possibilities into consideration, what can be said with some certainty is that the terms applied to individuals with disabilities do influence how those individuals are viewed by others. Furthermore, the labels commonly applied to students with behavior problems are near the top of the list of those carrying negative connotations, and they have the potential to adversely impact critical decisions to be made about these individuals. Therefore, if it is necessary to use a label, be sure the label selected is the least negatively biasing, is descriptive of the student to whom it refers, and has educational relevance.

8. Systematic Screening

Set up a systematic screening program that provides structure for teacher judgment.

Despite the fact that P.L. 94-142 mandates school-based efforts to identify and serve all children and youth with disabilities, comparatively few districts implement structured, effective screening programs for students with behavioral disorders. Instead, for a variety of reasons, school systems often rely on teacher-initiated referral as the sole component of their screening program. The lack of a systematic set of screening procedures is rooted in several factors and results in less than desirable outcomes.

Screening children and youth for BD is based on the assumption that early identification of difficulties and subsequent early intervention will prevent problems from increasing in severity and may actually remedy the difficulty. However, child-find activities with all but the most severely deviant are very difficult to conduct. Largely because of definitional and assessment-related issues, administrators have little

motivation to identify more students with behavior problems. The nature of BD, as contrasted with other identified disabling conditions such as mental retardation, is considerably less well defined. There is no magic cutoff score or formula to delineate BD from non-BD students. Unlike their more severely involved peers, mildly disordered children are difficult to identify, especially during the early years of development (Gelfand, Ficula, & Zarbatany, 1986). The rapid developmental changes between birth and middle childhood, the interaction between a child's behavioral style and the parenting style of the primary caregivers, and the variations in parental tolerance for given behaviors all make it hard to locate students with mild behavioral disorders.

Perhaps, in addition to recognizing these screening related difficulties, school administrators have little motivation to implement systematic screening programs because it is likely that more students would ultimately be identified as having behavior problems. This would force districts to offer appropriate services, which are costly and sometimes difficult to implement due to shortages of competent personnel. In too many cases, the response of reluctant school systems to screening-related difficulties has been to wait for regular class teachers to come forward and declare that particular students are probably disturbed.

Logically, teachers who interact with students on a daily basis are good sources of information about these students. There is, however, a somewhat conflicting discussion in the literature about the teacher's role in the identification process. Authors of some studies point to the biases to which teachers are subject and the consequences of depending on teachers as sole referral agents, while other writers argue strongly for greater reliance on teacher judgment.

The impact of documented teacher biases and variations in personal tolerance levels for aberrant behaviors cannot be ignored. For example, Kelly, Bullock, and Dykes (1977) found that males and African Americans were more likely to be referred for services for BD, and Prieto and Zucker (1981) found a similar situation for Hispanics. Algozzine (e.g., 1977, 1980) and others (e.g., Ross, 1980; Ullman & Krasner, 1969) have observed that a teacher's tolerance for particular behaviors influences that teacher's decisions. Given that teachers are more disturbed by externalizing behavior (Algozzine, 1976, 1977; Epstein, Kauffnam, & Cullinen, 1985), it is easy to understand why the more disruptive to the class—and distasteful to the teacher—a student's behavior is, the greater the probability of a referral for BD services. Recognizing these potential biases clearly points out one problem with placing regular teachers in the role of sentry to services for students with behavior problems: Female students or those exhibiting withdrawn, internalizing behavior that is not disruptive, distracting, or bothersome go largely unreferred. Another problem, noted by Walker and Fabre (1987), is that once referred, teacher-nominated students, especially if they exhibit externalizing behaviors, are likely to

be certified as BD even if performance data are contraindicative of such a decision.

Obviously, using teachers' spontaneous referrals as the sole screening procedure is not totally effective. However, because research and commentary have added to the credibility of their judgments, greater teacher participation in the identification process has been encouraged (Walker et al., 1988). Smith and colleagues (1988), for example, addressed criticisms of teachers' low tolerance for disruptive behavior by acknowledging that, although teachers have been shown to be biased, the validity of their ratings, when judged according to the standard against which the ratings are validated, is acceptable. Analogous to Achenbach and Edelbrock's (1981) suggestion that referral to mental health programming is an acceptable criterion for ratings of child mental health is the rationale of Cullinen, Epstein, and Kauffman (1984) that confirmation of students with behavior problems is an appropriate standard by which the procedures (i.e., teacher ratings) intended to discriminate BD from non-BD students might be judged: Teacher ratings are internally valid for identification purposes.

In light of this research and commentary, it seems that teachers are spontaneously identifying some, but not all, students with behavior problems, being more likely to identify students who exhibit externalizing behaviors. It appears that teachers' biases and tolerance levels must be taken into consideration and some additional measures to substantiate teachers' or other referring individuals' opinions must be a standard part of the identification process. Relying solely on teachers' subjective judgments about the presence or absence of behavior problems and the need, or lack of need, for special services has had less than ideal results. Therefore, the experience, insight, and observations of these professionals should be tapped and used as part of a systematic screening program that provides some structure for teacher judgment.

9. Multidisciplinary Team

Use the expertise of every member of the multidisciplinary team in diagnosing and making eligibility decisions.

Research about how decisions are made at individualized education program (IEP) meetings (e.g., Gilliam & Coleman, 1981; Yosida, 1983; Ysseldyke, Algozzine, & Epps, 1983) shows that it is the school psychologist's opinion that tends to carry the most weight. Unfortunately, the psychologist's opinion is often derived from a clinically based differential diagnosis that has little practical use for determining the needs of a student within an educational setting. While it is under-

standable that the school psychologist might be a member of the multidisciplinary team (MDT), there is no reason for that individual to have greater influence on diagnosis and eligibility decisions than other MDT members. Functionally, the school psychologist's role should be to confirm the proposed diagnosis of teachers or parents who have spent a significant amount of time with the children and youth they have referred.

School psychologists have much to offer. However, their role has been limited by school systems enamoured with attempting to impose psychological perspectives on schools and by the difficulty and questionable appropriateness of implementing traditional individual therapeutic interventions in educational settings. If school psychologists were encouraged by districts to use more functional measures in the identification process and assume responsibility for more direct intervention two positive outcomes would be possible. One is that, if they were forced to take a more functional perspective, the nature and usefulness of their data would be enhanced. The other is that they would be freed to engage in activities for which they are well trained, such as individual, group, and family counseling, liaison with medical or psychiatric services, and working with parents.

10. Identification Practices

Focus on observable behavior in the school setting and describe what students do versus what they think or feel.

Walker and Fabre (1988) have proposed that schools use a model of child behavior that is experientially and empirically based. Such a model should focus on observable behavior in the school setting and describe what students do versus what they think or feel. The model should provide information about

- Interactions among children and their peers and teachers.
- Characteristics of the school environment including the opportunities for social and educational growth.
- Setting demands.
- Teachers' tolerance levels in defining and labeling deviance.
- The function of home and school environments in producing or maintaining deviant child behavior.
- School system limitations in serving students with behavior problems.

- Effective interventions for different types of school-based BD.
- Taxonomies of school-related BD.

Recent efforts in Kentucky illustrate how education and mental health professionals have collaborated to improve delivery of services (Phillips, 1989). Recognizing the weaknesses of administrative definitions, professionals concerned about significant underidentification of students with behavior problems focused on two characteristics central to school-based behavior disorders: an inability to build or maintain interpersonal relations and an inability to profit from instruction that is not due to an identified emotional-behavioral condition and not primarily the result of intellectual, sensory, or other health factors (Phillips, 1989).

An extensive procedures manual has been developed to help get the identification process into operation. In order to maintain an educational perspective, reduce the overreliance on student behavior as the source of the problem, and structure the identification process, Kentucky requires that the following four qualifiers be documented when determining eligibility:

- Supportive educational assistance must have been provided,
- behavior is exhibited across settings,
- behavior is exhibited to a marked degree, and
- behavior is exhibited over a long period of time (Phillips, 1989).

The documentation of such specific information greatly improves eligibility decision making and helps reduce the likelihood that labels will be applied inappropriately. Screening and identification procedures designed to provide multiple bases for making eligibility decisions have been incorporated into Kentucky's statewide plan (Phillips, 1989; Walker, 1989).

11. Instructional Decisions

Assessment done by teachers helps to determine what to teach and how to teach it.

Teacher input is at the heart of good instructional decisions. Assessment done by teachers helps to determine what to teach and how to teach it. Evaluation for programming requires a focus on an individual's strengths and weaknesses as they are evidenced in the school setting.

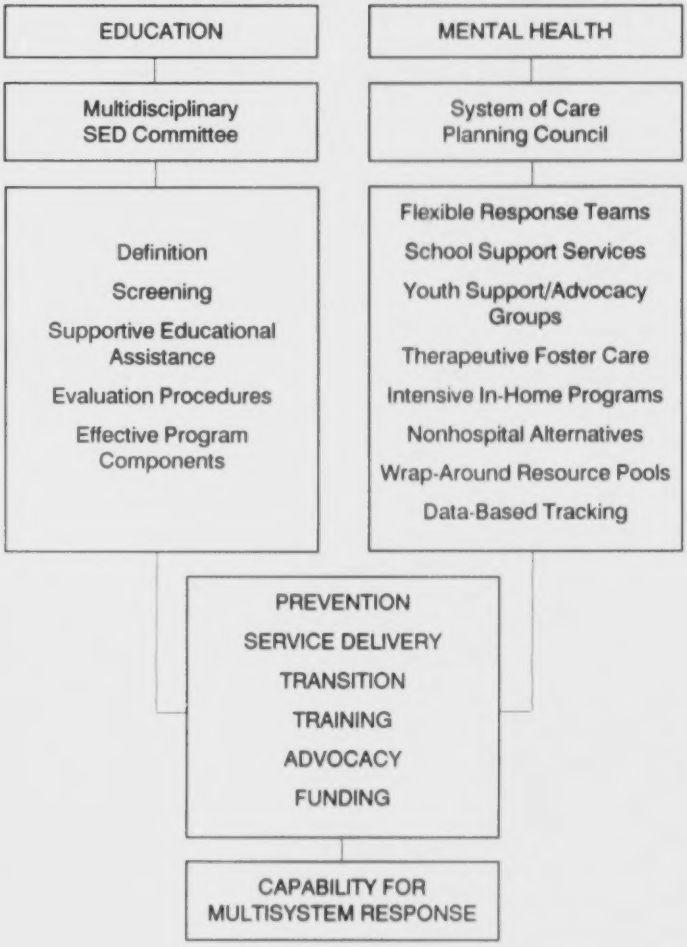

FIGURE 1. Systems Change for Students with Emotional-Behavior Handicaps

Source: V. Phillips (1989). *Developing a state-wide system for identifying disturbed students: Pitfalls and promises.* Paper presented at the CEC/CCBD Topical Conference on Behavior Disordered Youth, Charlotte, NC.

The essential measure of a student's success in education is his or her progress in the mainstream curriculum of the local school—"the 'course of study' adopted by a given school system" (Tucker, 1985, p. 199).

Curriculum-based assessment measures the level of achievement of a given student in relation to what the local school district says children should learn in specific grade levels (Test & Cooke, 1989). For example, there is the assumption that a student in the fourth grade should learn the instructional material adopted by the local school system. This material should address the expected curricular outcomes of the school system for this particular grade level. In curriculum-based assessment, student progress is assessed using items drawn directly from the course of study. Test items should sample student performance and screen out students who deviate academically from classmates and are in need of diagnostic evaluation (Skiba, 1989; Test & Cooke, 1989). Systematic observations of student performance provide information that assists in developing strategies to improve student learning. From this ongoing process of gathering information, various strategies can be employed and tested for success (Skiba, 1989; Test & Cooke, 1989). In special education, curriculum-based assessment is useful in determining whether or not an IEP has been planned and implemented successfully and whether or not exit criteria have been reached (Deno & Fuchs, 1987; Skiba, 1989; Test & Cooke, 1989). According to Salvia and Hughes (1989), contemporary educational assessment has been influenced by applied behavior analysis, curriculum analysis, mastery learning, precision teaching, test construction theory, and curriculum-based assessment. These authors listed the following seven necessary components of appropriate educational assessment:

1. Curricular match. What a pupil has been taught must be known before it can be determined whether he or she has profited from instruction.
2. Direct measurement. The behavior assessed should be a measure of the behavior that was taught.
3. Evaluation of progress on specific objectives. Assessment should yield data about mastery of individual instructional objectives.
4. Frequent administration. Assessments need to be repeated until the student demonstrates mastery of instructional objectives.
5. Valid inferences. Assessment procedures need to yield inferences about the success (or lack of success) of instructional modifications.
6. Reliability. Assessments should yield information that can be generalized from one set of testing materials to another, from one observer to another, and from one time to another.

7. Sensitivity to small but important changes. Assessment procedures should be capable of identifying relatively small changes in student performance as the pupil progresses from one instructional objective to the next.

12. Model for Curriculum-Based Assessment

Specify the reason for assessment, analyze the curriculum, formulate behavioral objectives, develop appropriate assessment procedures, collect data, summarize the data, display the data, interpret the data and make decisions.

A model for curriculum-based assessment that incorporates the foregoing seven components has been proposed by Salvia and Hughes (1989). However, as these authors have pointed out, appropriate assessment is not guaranteed by use of an assessment procedure that attends to these considerations. Information that answers questions about student achievement must be produced by the assessment procedure. The Model for Curriculum-Based Assessment (Salvia & Hughes, 1989, p. 17) includes the eight interactive steps that follow. Decisions must be made at each step, and these decisions subsequently affect other steps as instruction and assessment proceed.

1. Specify reasons for assessment. Data collected during the process of instruction provide information that is useful in making decisions about how to teach and what to teach. Routinely collected formative achievement data help teachers see how students are progressing and determine whether or not modifications need to be made in curricular objectives or instruction. Once a student has ended an instructional sequence, summative data are useful in making evaluations about what the student has learned. Differences between what has been learned and what should have been learned help to form new or revised learning objectives. When a student's progress is significantly discrepant from that of classmates, summative data may be helpful in making decisions about whether the student might learn best in the regular or special education classroom.
2. Analyze curriculum. In order to assess what a student should learn or how well a student has learned, it is necessary to know what will be taught or what has been taught. Thus, an analysis of the curriculum must be done. This analysis usually occurs prior to

instruction, and it should cover social and other functional curricula as well as academic curricula.

3. Formulate behavioral objectives. The curriculum needs to be broken down into components, and behavioral objectives need to be formulated that state what the student must do to show that a particular component has been mastered. The behavioral objective "Johnny will write 18 out of 20 spelling words correctly each week when given the words verbally" contains the behavior Johnny will demonstrate, the criterion for evaluating his performance, and the conditions under which the behavior will be demonstrated. Specifically, Johnny will show recall of spelling words by writing them. He is not expected to recall and write all 20 words but is expected to know 18, or 90%, of the words he is given to learn each week. Finally, Johnny is to demonstrate adequacy on a weekly written spelling test.

4. Develop appropriate assessment procedures. Once it is decided how and when learning performance will be measured, appropriate assessment tools are selected. Teachers can use tests, direct observations, behavior rating scales, or other strategies to evaluate student performance. "They can assess in highly structured situations (e.g., testing time, chalkboard activities, oral recitations) or less structured situations (e.g., seatwork, discussion groups, activities within a learning center)" (Salvia & Hughes, 1989, p. 32). Salvia and Hughes have recommended that the final form an assessment takes should be based on the following four considerations:

   a. Knowing for what purpose the assessment data will be used.

   b. Selecting procedures that yield the kind of data specified in the criterion statement. For example, if the criterion is stated as a rate of correct responses per minute, the assessment procedure should include calculation rates. ("Given a worksheet with 100 subtraction problems, Johnny will write correct answers to at least 20 subtraction facts per minute.")

   c. Measuring relevant content and avoiding confounding by disabilities. For instance, if Johnny has a fine-motor impairment, hand speed may have an adverse effect on how many subtraction facts he can answer per minute. Also, Johnny's handwriting may appear illegible at times. Too much scolding about this will give him a negative mindset toward written assignments and affect his self-esteem as well. These feelings, in turn, may affect social as well as academic behaviors in the classroom.

d. Measures used should be reliable and valid (i.e., scoring must be accurate; what is assessed must be a sample of the larger domain of behavior being evaluated; student performance must be stable across times assessed; and student performance should reflect the attainment of instructional goals and objectives).

5. Collect data. Assessment data must be collected in a well-planned, systematic manner. Samples of performance, because they are compared to the performance of other students, must be collected in the same way for all students. Students should be given the same testing materials (e. g., worksheets, tests), the same support accessories (e.g., calculators, dictionaries), the same directions, the same prompts or hints (if any), and the same amount of time.

6. Summarize data. Raw data must be converted into performance measures (e.g., number correct, percentage correct, or number of correct responses per minute). The types of scores or performance measures to be obtained generally are included in the behavioral objectives. They also relate to the purpose for assessment (i.e., to evaluate student progress, to determine appropriateness of instructional objectives, to modify teacher presentation of learning material, and so on).

7. Display data. Graphic displays are useful when making decisions about a student's progress toward an instructional goal. They also provide feedback for student progress. Tables or charts are helpful when making summative decisions about student performance. Which objectives did Johnny master? Did other students master this objective?

8. Interpret data and make decisions. Interpretation of data and decision making lead the teacher back to other steps in the model. The teacher may wish to specify new reasons for assessment, revise the analysis of the curriculum, or modify the plan for collecting data.

13. Curriculum-Based Assessment and Social Behaviors

Target desired social behavior as a learning goal and structure the learning environment so that social skills can be addressed and practiced.

Investigations of the IEPs of students with behavioral disorders find them heavily laden with academic goals and objectives. Too few social

goals are written for students who need programming in prosocial objectives (Maheady, Harper, Mallette, & Sacca, 1989). In fact, the social goals found during studies of IEPs for this population of students are primarily focused on social behaviors related to academics, for example, finishing work, staying in seat, remaining on task, and handing in assignments on time. However, it is necessary to target specific prosocial behaviors for appropriate instruction and assessment to occur. *Prosocial behavior* was defined by Kauffman (1989) as "behavior that facilitates or maintains positive social contacts; desirable or appropriate social behavior" (p. 413). Maheady and colleagues (1989) listed some of the prosocial behaviors that were targeted for intervention and remediation on the IEPs they recently studied:

- Takes turns, works with partner, follows directions.
- Works in group or with others.
- Displays appropriate behavior toward peers and adults.
- Increases positive relationships.
- Demonstrates positive verbal and nonverbal relationships.
- Shows interest and caring.
- Settles conflicts without fighting.
- Displays appropriate affect.

Among the problems with IEPs of students served by ED/DB programs were that (a) too few social goals were included and (b) social goals were written in such a general way that specific behaviors could not be assessed. This creates a dilemma in attempting to determine what should be measured (Maheady et al., 1989).

Opportunity To Learn

Opportunity to learn requires opportunity to respond. In other words, if we expect students to learn prosocial skills we must structure the learning environment so that these skills can be addressed and practiced. We need to increase the opportunity for students to interact within the school environment so that prosocial skills can be learned. If all a student does is perform as a passive participant in the classroom, then little growth in social skill acquisition can be expected. Just as students improve in reading when they are given the opportunity to read, they get better at interacting when given the opportunity to initiate or respond to others' interactions (Maheady et al., 1989).

The opportunity to learn prosocial behavior is affected by the following time parameters:

- *Prescribed time.* The amount of time prescribed to the development of prosocial behavior. (IEP Analysis)
- *Allocated time.* The amount of time allocated to development of prosocial behavior. (Schedule Analysis)
- *Actual time.* The amount of time actually spent on instructional activities designed to improve prosocial behavior. (Direct Observation)
- *Engaged time.* The amount of time students are actively engaged in prosocial behaviors. (Direct Observation) (Maheady et al., 1989)

Prescribed time refers to the amount of time prescribed to the development of prosocial behavior. The data source used in the study by Maheady and colleagues (1989) was the IEP. Answers to the following questions were recorded on an IEP analysis form developed by the investigators. Educators are encouraged to develop similar forms on which their own information can be collected.

1. Is the development of prosocial behavior identified as an area for intervention/remediation?
2. What proportions of IEP goals and objectives are devoted to the development of prosocial behavior?
3. What specific behaviors are targeted for intervention?
4. Under what conditions are prosocial behaviors going to be taught?
   - goal structure
   - ecological arrangements
   - who
   - what
   - when
   - where
   - how
   - consequences

Allocated time refers to the amount of time assigned or set aside in daily or weekly schedules for the development of prosocial behavior. Maheady and colleagues (1989) suggested using teacher interviews and developing a schedule analysis form such as the Teacher Interview Survey used in their study. It lists questions that are important in determining the extent of allocated time given to prosocial skills:

1. Is time allocated in the daily or weekly schedule to the development of prosocial behavior?
2. If so,
    a. How much time? (What proportion of class time?)
    b. Which specific prosocial skills?
    c. Who is responsible for instruction?
    d. How are skills taught?
    e. How is success measured and by whom?

If there is no time allocated in the daily schedule, then it is necessary to determine whether or not other avenues are being pursued in developing student prosocial behaviors.

1. Are extracurricular activities designed to develop prosocial behavior?
2. Is there external agency involvement such as group or individual counseling, other opportunities within the community, and so on?

Actual time refers to the amount of allocated time that is spent in actual instruction. Direct observation is the procedure suggested for determining actual time devoted to the instruction of prosocial behaviors. Answers to questions such as the two that follow help to determine this:

1. How much time each day or week is actually spent in direct instruction of prosocial behavior?
2. Are there differences in time allocations among students?

Engaged time refers to the amount of time that students are actively engaged in prosocial behavior. Again, through direct observation, important questions such as the following can be answered:

1. How much time (daily, weekly) do students spend actively engaged in prosocial behavior?
2. Do all students participate equally?
3. What is the nature of their prosocial interaction?
    a. What behaviors do they engage in?
    b. How do peers respond to social interactions?
    c. Do peers interact with the teacher?

In summary, a relationship exists between time spent in instruction and practice of prosocial skills and the acquisition of these skills. Time must be prescribed on the student's IEP, instructional time for teaching these skills must be allocated, actual instruction must occur, and there must be engagement time spent in practice and interaction. As these skills become a part of the student's repertoire, ongoing measurement is imperative so that the content and extent to which the skills have been learned becomes known.

Health-Oriented Model

Skiba (1989) suggested that educators adopt a "health-oriented model" rather than continue using a "disease-oriented approach" in working with children with BD. He referred to the use of traditional procedures as "closing the door after the horse has left the barn." He advocated the use of preventive measures in a health-oriented model rather than continuing to rely on ascribing syndromes to individuals. The following three processes are crucial for setting up a health-oriented model of educational assessment:

1. Develop criteria of educational success. Educators must define the long-term goal—the expectations for student social behaviors whenever they re-enter the mainstream or make the transition to a less restrictive placement.
2. Develop measures of progress toward criteria. Measures directly related to the targeted behaviors must be used to determine how far students have progressed toward their goals.
3. Intervene and monitor progress toward criteria. Educators must plan and implement interventions appropriate for acquiring goals. Progress made toward goals with the application of interventions should be monitored on an ongoing daily or weekly basis.

Skiba (1989) has suggested the use of functional assessment as a part of criterion-based instruction/intervention/integration (CBI) and has outlined a framework for accomplishing this process.

14. Identifying Critical Behaviors

The regular teacher and the special education teacher should agree on the critical behaviors that need to be changed before a program is developed.

This can be done with interviews and checklists. The student should be observed in regular and special education settings. The regular education teacher should be invited to observe the child in special education, and consult with the special educator. Inventories such as the SBS Inventory by Walker and associates (Walker, Severson, Stiller, Williams, Haring, Shinn, & Todis, 1988) will reveal information about teacher tolerance across settings and identify what are considered to be survival skills in the various instructional settings. Essentially, at this step in the process behaviors deemed necessary for success are identified. Once this has been accomplished, the following steps should be taken:

1. Identify criterion levels. Once acceptable behaviors are identified, measurable and observable behavior should be specified. Criterion levels should be established based on interview and direct observation.
2. Develop measures of criteria. Ongoing data collection procedures need to be set. How frequently measurement should occur and who will collect the data must be decided.
3. Intervene and monitor student progress. Monitoring should occur in both special and mainstreamed classes. Expectations of regular educators need to be determined, support must be given the regular teacher when needed, and attention should be given to generalization of critical skills from one educational setting to another. Increased stimuli similarity must occur from instruction in one setting to another.

Skiba (1989) has listed the following as advantages of erecting such a framework for functional assessment:

1. Clear goals for instruction are provided.
2. Increased communication and collaboration among professionals occur (e.g., increased ownership of the problem is felt by all educators involved, with a decrease in feelings of being "dumped on").
3. Accountability is established (e.g., data are collected on progress made toward acquiring social goals).

4. Criteria for success rather than prescriptions for what to teach are established.
5. A clear understanding of progress toward goals is outlined.
6. An integrated model, regardless of placement (i.e., sites of service delivery) is available.

The third step of the Functional Assessment Framework pertains to assessment of academic and social behaviors. During this phase of planning, such questions as the following must be answered: "Who will collect the data?" "How frequently should measurement occur?" "What ongoing data collection procedures should be used?" Test and Cooke (1989) have reminded us that behavior and change go hand in hand, and it takes ongoing evaluation of this behavioral change to determine whether or not goals and objectives are being met. According to these leaders in the field,

1. Behavior is an individual phenomenon. It occurs through a person's (or group's) interaction with the environment.
2. Behavior is a continuous phenomenon. Measurement over time allows for better measurement of change. Thus, measurement should employ instruments that are sensitive to change:
   - Use rate as a primary dependent variable. Fluency (or rate over time) can be used as an indicator of generalization.
   - Use meaningful measures. Include perceptions of stakeholders such as teachers, parents, and people in the community.
   - Use good and accurate measures. Test items should reflect the content being assessed to assure test validity.
   - Use repeated measurement. Collect data continually. Measure student performance prior to, during, and following interventions. Check reliability to determine whether or not behavioral changes are connected to intervention differences.
   - Use standardized measurement procedures. Collect data under circumstances that are as similar as possible. Comparisons can only be justified if data are collected under similar conditions.
   - Use measures that avoid record ceilings and floors. For example, numbers and percentages are limited by the highest and lowest scores possible (ceilings and floors), whereas rate and fluency have no ceiling. After all, the major focus is on measuring change in student behaviors.

Test and Cooke (1989) have advocated using applied behavior analysis as a part of curriculum-based assessment. The principles of applied behavior analysis, when related to the foregoing discussion of measurement, can be used on a systems level as well as for a long-term goal or objective.

- Rate. Behavioral change is determined by rate or fluency
- Repetition. Measures (or probes) can be given repeatedly. Each time, the goal is an increase in the rate or number of correct responses in a given unit of time.
- Decision making. Results of probes or measures in applied behavior analysis can be used in decision-making situations. Local norms or peer data can be used for setting goals. For example, how special education students compare to grade-level peers can be measured. In Table 1, Bonnie's number of words read correctly are compared with the median number for her classmates when tested on readers with grade equivalencies (G.E.) of third-grade first month and second-grade first month. If local norms, those of her classmates, are used, the goal might be for Bonnie to read 111 words correctly in a 3.1 reading book. Data are collected as a means of monitoring progress.

TABLE 1
Use of Local Norms

Reader	*Bonnie*	*Peer Median*
3.1	89	111
2.1	109	173

- Goal setting. Local norms, rather than national norms, are used to set goals. This enables the student to become closer in performance to peers in the mainstream. Discrepancy between the target student and peer groups can be easily determined through probes (samples of behaviors being measured).

Academic and social behaviors are measured by use of applied behavior analysis as a part of curriculum-based assessment. Examples of key social behaviors that can be measured using ongoing assessment and repeated measures are noisiness, being out of place, physical contact, and being off task. Individual student change can be measured, and comparisons can be made to peers' performance.

Perspective

When educational historians review this century, the 1980s will probably be seen as the decade of school reform. Many different initiatives designed to improve education have been grouped under this rubric. Approaches ranging from simple administrative practices such as lengthening the school day or setting higher expectations for students to full-scale restructuring of educational systems and providing open enrollment options have been proposed (Algozzine, Ysseldyke, Landrum, & Kauffman, in press). Beginning with identification of the sad state of affairs of the educational system and ending with articulated goals and questions related to how to achieve them, efforts to improve education moved rapidly during the 1980s.

A number of factors influence the extent to which students with behavior disorders are affected by educational reform. First, although this category is not growing as much as the number of students with learning disabilities (U. S. D. E., 1988), "pupils with behavioral disorders are becoming more prevalent in our schools" (Kauffman, 1990, p. 2). As a group, these students are generally considered to exhibit the most severe problems of students often referred to as mildly handicapped and they are believed to be the most difficult to teach and least likely to be welcomed to remain in or return to regular classrooms (Bratten, Kauffman, Bratten, Polsgrove, & Nelson, 1988). Clearly, in the 1990s and beyond, special educators will be required to share the responsibility for educating students with special learning needs. Improved identification and instructional planning will be among the assessment issues addressed by teachers in meeting the challenges presented by students with mild or severe behavior problems.

References

Achenbach, T. M., & Edelbrock, C. S. (1981). Behavioral problems and competencies reported by parents of normal and disturbed children aged four through sixteen. *Monographs of the Society for Research in Child Development, 46* (Serial No. 188).

Algozzine, B. (1976). The disturbing child: What you see is what you get? *Alberta Journal of Educational Research, 22*, 330–333.

Algozzine, B. (1977). The emotionally disturbed child: Disturbed or disturbing? *Journal of Abnormal Child Psychology, 5*, 205–211.

Algozzine, B. (1980). The disturbing child: A matter of opinion. *Behavioral Disorders, 5*, 112–115.

Algozzine, B. (1981). Introduction and perspective. In B. Algozzine, R. Schmid, & C. Mercer (Eds.), *Childhood behavior disorders* (pp. 1–26). Rockville, MD: Aspen.

Algozzine, B., Mercer, C., & Countermine, T. (1977). The effects of labels and behavior on teacher expectations. *Exceptional Children, 44*, 131–132.

Algozzine, B., & Ysseldyke, J. E. (1983). An analysis of incidence of special class placement: The masses are burgeoning. *The Journal of Special Education, 17*, 141–147.

Algozzine, B., Ysseldyke, J.E., Kauffman, J.M., & Landrum, T.J. (in press). Implications of school reform in the 1990s for teachers of students with behavior problems. *Preventing School Failure.*

American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed., rev.). Washington, DC: Author.

Badt, M. (1956). Attitudes of university students toward exceptional children and special education. *Exceptional Children, 23*, 286–290.

Barnes, T., & Forness, S. (1982). Learning characteristics of children and adolescents with various psychiatric diagnoses. In R. B. Rutherford (Ed.), *Severe behavior disorders of children and youth* (Vol. 5, pp. 32–41). Reston, VA: The Council for Children with Behavioral Disorders.

Boucher, C. R., & Deno, S. L. (1979). Learning disabled and emotionally disturbed: Will the labels affect teacher planning? *Psychology in the Schools, 16*, 395–402.

Braaten, S., Kauffman, J.M., Bratten, B., Polsgrove, L., & Nelson, C.M. (1988). The regular education initiative: Patent medicine for behavioral disorders. *Exceptional Children, 55*, 21–28.

Camarata, S. M., Hughes, C. A., & Ruhl, K. L. (1988). Mild/moderate behaviorally disordered students: A population at risk for language disorders. *Language, Speech, and Hearing Services in Schools, 19*, 191–200.

Carroll, C. F., & Reppucci, N. D. (1978). Meanings that professionals attach to labels for children. *Journal of Consulting Clinical Psychology, 46*, 372–374.

Cohen, S. B. (1986). Parents' attributions of exceptionality: Social distancing effects in the mainstream classroom. *Remedial and Special Education, 7*(4), 48–53.

Cullinen, D., Epstein, M. H., & Lloyd, J. W. (1983). *Behavioral disorders of children and adolescents.* Englewood Cliffs, NJ: Prentice-Hall.

Cullinen, D., Epstein, M. H., & Kauffman, J. M. (1984). *Behavioral disorders of children and adolescents.* Englewood Cliffs, NJ: Prentice-Hall.

Cullinen, D., & Epstein, M. H. (1979). Administrative definitions of behavior disorders: Status and directions. In F. H. Wood & K. C. Lakin (Eds.), *Disturbing, Disordered or Disturbed? Perspectives on the Definitions of Problem Behavior in Educational Settings.* Minneapolis, MN: University of Minnesota.

Deno, S. L., & Fuchs, L. S. (1987). Developing curriculum-based measurement systems for data-based special education problem solving. *Focus on Exceptional Children, 19*(8).

Epstein, M. H., Kauffman, J. M., & Cullinan, D. (1985). Patterns of maladjustment among the behaviorally disordered. II: Boys aged 6–11, boys aged 12–18, girls aged 6–11, and girls aged 12–18. *Behavioral Disorders, 10*, 125–135.

Eysenck, H. J., Easting, G., & Eysenck, S. B. G. (1970). Personality measurement in children: A dimensional approach. *Journal of Special Education, 4*, 261–268.

Feldman, D., Kinnison, L., Jay, R., & Harth, R. (1983). The effects of differential labeling on professional concepts and attitudes toward the emotionally disturbed/behaviorally disordered. *Behavioral Disorders, 8*, 191–198.

Forness, S. R., & Kavale, K. A. (1987). De-psychologizing special education. In R. B. Rutherford, C. M. Nelson, & S. R. Forness (Eds.), *Severe behavior disorders of children and youth* (pp. 2–14). Boston: College-Hill.

Fuchs, L. S.. Fuchs, D., & Hamlett, C. L. (1989). Effects of alternative goal structures within curriculum-based measurement. *Exceptional Children, 58*, 429–438.

Gallagher, P. A. (1988). *Teaching students with behavior disorders: Techniques and activities for classroom instruction* (2nd ed.). Denver, CO: Love Publishing.

Gelfand, D. M., Ficula, T., & Zarbatany, L. (1986). Prevention of childhood behavior disorders. In B. A. Edelstein & L. Michelson (Eds.), *Handbook of prevention*. New York: Plenum.

Gilliam, J. E., & Coleman, M. C. (1981). Who influences IEP committee decisions? *Exceptional Children, 47*, 642–644.

Goldfried, M. R., & Kent, R. N. (1972). Traditional versus behavioral personality assessment: A comparison of methodological and theoretical assumptions. *Psychological Bulletin, 77*, 409–420.

Graham, P., Rutter, M., & George, S. (1973). Temperamental characteristics as predictors of behavioral disorders in children. American Journal of Orthopsychiatry, 43, 328-339.

Grosenick, J. K. (1989). Current issues in the delivery of services to seriously emotionally disturbed students. In S. Braaten, F. Wood, & G. Wrobel (Eds.), *Celebrating the past preparing for the future: 40 years of serving students with emotional and behavioral disorders* (pp. 99–110). Minneapolis: Minnesota Council for Children with Behavioral Disorders and Minnesota Educators of Emotionally/Behaviorally Disordered.

Grosenick, J. K., & Huntze, S. (1980). *National needs analysis in behavior disorders: Adolescent behavior disorders*. Columbia, MO: University of Missouri, Department of Special Education.

Hunze, S. L. (1985). A position paper of The Council for Children with Behavioral Disorders. *Behavioral Disorders, 10*, 167–174.

Javel, M. E., & Greenspan, S. (1983). Influence of personal competence profiles on mainstreaming recommendations. *Psychology in the Schools, 20*, 459–465.

Kauffman, J.M. (1990). President's message. CCBD Newsletter, August 1990.

Kauffman, J. M. (1989). *Characteristics of behavior disorders of children and youth* (4th ed.). Columbus, OH: Merrill.

Kauffman, J. M. (1988). Strategies for the nonrecognition of social deviance. In R. B. Rutherford, C. M. Nelson & S. R. Forness (Eds.), *Bases of severe behavior disorders of children and youth* (pp. 3–19). Boston: College-Hill.

Kelly, T. J., Bullock, L. M., & Dykes, M. K. (1977). Behavioral disorders: Teachers' perceptions. *Exceptional Children, 43*, 316–318.

Kingsley, R. (1967). Prevailing attitudes toward exceptional children. *Education, 87*, 426–430.

Lloyd, J. W., Kauffman, J. M., & Gansneder, B. (1987). Differential teacher response to descriptions of aberrant behavior. In R. B. Rutherford, C. M. Nelson, & S. R. Forness (Eds.), *Severe behavior disorders of children and youth* (pp. 41–52). Boston: College-Hill.

Mack, J. H. (1980). *An analysis of state definitions of severely emotionally disturbed.* Reston, VA: The Council for Exceptional Children. (ERIC Document Reproduction Service No. ED 201 135).

Maheady, L., Harper, G. F., Mallette, B., & Sacca, M. K. (1989, September). *Opportunity to learn Prosocial behavior: Its Potential role in the assessment and instruction of behavior disordered students.* Paper presented at the CEC/CCBD Topical Conference on Behavior Disordered Youth, Charlotte, North Carolina.

Mercer, J. (1979). *System of multicultural pluralistic assessment technical manual.* New York: Psychological Corporation.

Meyen, E. L , Vergason, G. L., & Whelan, R J. (Eds.). (1988). *Effective instructional strategies for exceptional children.* Denver, CO: Love Publishing.

Nelson, R. O., Hay, L. R., & Hay, W. M. (1977). Comments on Cone's The Relevance of Reliability and Valididty for Behavioral Assessment. *Behavior Therapy, 8*, 427–430.

Parish, T., Dyck, N., & Kappes, B. (1979). Stereotypes concerning normal and handicapped children. *The Journal of Psychology, 102*, 53–70.

Phillips, V. (1989, September). *Developing a state-wide system for identifying disturbed students: Pitfalls and promises.* Paper presented at the CEC/CCBD Topical Conference on Behavior Disordered Youth, Charlotte, North Carolina.

Prieto, A. G., & Zucker, S. H. (1981). Teacher perception of race as a factor in the placement of behaviorally disordered children. *Behavioral Disorders, 7*, 34–38.

Reitz, A. (1985). Comprehensive evaluation of programs for exceptional children: Summary and future directions. *Education and Treatment of Children, 8*, 357–365.

Rosenbach, J. H., & Mowder, B. A. (1981). Test bias: The other side of the coin. *Psychology in the Schools, 18,* 450–454.

Ross, A. (1980). *Psychological disorders of children: A behavioral approach to theory, research and therapy* (2nd ed.). New York: McGraw-Hill.

Ruhl, K. L., Hughes, C. A., & Camarata, S. M. (1989). Analysis of the expressive and receptive language characteristics of emotionally handicapped students served in public schools. Unpublished manuscript.

Rutter, M., & Shaffer, D. (1980). DSM III. A step forward or back in terms of classification of child psychiatric disorders? *Journal of the American Academy of Child Psychiatry, 19,* 371–394.

Salvia, J., & Hughes, C. (1989) *Curriculum-based assessment: Testing what is taught.* New York: Macmillan.

Sinclair, E., Forness, S., & Alexson, J. (1985). Psychiatric diagnosis: A study of its relationship to school needs. *Journal of Special Education, 19,* 333–334.

Skiba, R. (1989, September). *Integrating assessment and instruction: The missing link in effective programming.* Paper presented at the CEC/CCBD Topical Conference on Behavior Disordered Youth, Charlotte, North Carolina.

Smith, C. R., Wood, F. H., & Grimes, J. (1988). Issues in the identification and placement of behaviorally disordered students. In M. C. Wang, M. C. Reynolds, & H. J. Walberg. (Eds.), *Handbook of special education research and practice: Vol. 2. Mildly handicapped conditions* (pp. 95–123). New York: Pergamon.

Stevens-Long, J. (1973). The effect of behavioral context on some aspects of adult disciplinary practice and affect. *Child Development, 44,* 476–484.

Tallmadge, G. K., Gamel, N. N., Munson, R. G., & Hanley, T. V. (1985). *Special study on terminology: Comprehensive review and evaluation report.* (Contract No. 300-84-0144). Washington, DC: U.S. Department of Education.

Test, D., & Cooke, N. (1989, September) *Using assessment data to evaluate programs: Applied behavior analysis is not just for teaching anymore.* Paper presented at the CEC/CCBD Topical Conference on Behavior Disordered Youth, Charlotte, North Carolina.

Tucker, J. (Ed.). (1985). Curriculum-based assessment: An introduction. *Exceptional Children, 52,* 199–204.

Ullman, L., & Krasner, L. (1969). *A psychological approach to abnormal behavior.* Englewood Cliffs, NJ: Prentice-Hall.

Walker, H. H. (1989, September). Screening and identifying students with behavior disorders: Who's guarding the gate? Paper presented at the CEC/CCBD Topical Conference on Behavior Disordered Youth, Charlotte, North Carolina.

Walker, H. M., & Fabre, T. R. (1987). Assessment of behavior disorders in the school setting: Issues, problems, and strategies revisited. In N. Haring (Ed.), *Assessing and managing behavior disabilities* (pp. 198–246). Seattle: University of Washington Press.

Walker, H. M., Severson, H., Stiller, B., Williams, G., Haring, N., Shinn, M., & Todis, B. (1988). Systematic screening of pupils in the elementary age range at risk for behavior disorder: Development and trial testing of a multiple gating model. *Remedial and Special Education, 9*(3), 8–14.

Wood. F. H. (1979). Defining disturbing, disorderd and disturbed behavior. In F. H. Wood & K. C. Lakin (Eds.), *Disturbing, disordered or disturbed? Perspectives on the definition of problem behavior in educational settings* (pp. 3–16). Minneapolis: Department of Psychoeducational Studies, University of Minnesota.

Wood, F. H. (1989, September). *Issues and concerns for the future of assessment of students with behavior problems: Where do we want to go?* Paper presented at the CEC/CCBD Topical Conference on Behavior Disordered Youth, Charlotte, North Carolina.

Yoshida, R. K. (1983). Are multidisciplinary teams worth the investment? *School Psychology Review, 12*, 137–143.

Ysseldyke, J.E., & Algozzine, B. (1990). *Introduction to special education.* Boston, MA: Houghton Mifflin.

Ysseldyke, J. E., Algozzine, B., & Epps, S. (1983). A logical and empirical analysis of current practice in classifying students as handicapped. *Exceptional Children, 50*, 160–166.

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